
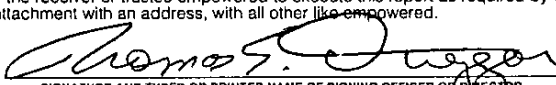


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90484 019 \*\*\*\*61.25

<b>DOCUMENT # 760381</b> 1. Entity Name <b>THE VILLAS OF ST. GEORGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1391 TIMBERLANE RD SUITE 206 TALLAHASSEE, FL 32312 US</b>			Mailing Address <b>1391 TIMBERLAND RD SUITE 206 TALLAHASSEE, FL 32312 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2145871</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>THOMAS E. DUGGAR 1391 TIMBERLANE RD SUITE 206 TALLAHASSEE, FL 32312</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D ROBERT D. HEIDE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COLLINS, ALICE		NAME	P.. O. BOX 688	
STREET ADDRESS	60 EAST GULF BEACH DR		STREET ADDRESS	EASTPOINT, FL. 32328	
CITY-ST-ZIP	ST GEORGE ISLAND, FL		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	D EDDIE McCALL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DUGGAR ED		NAME	2562 ROYAL OAKS DRIVE	
STREET ADDRESS	1888 OXBOTTOM ROAD		STREET ADDRESS	TALLAHASSEE, fl. 32301	
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D WILLIAM SHEFFIELD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LAUGHLIN, WILLIAM		NAME	270 ELAINE DRIVE	
STREET ADDRESS	2110 ELLICOTT DR		STREET ADDRESS	ROSWELL, GA. 30075	
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D DONNA VARNUM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HARPER, WILLIAM		NAME	3559 TIMBERLANE SCHOOL ROAD	
STREET ADDRESS	3428 GALLANT FOX TRAIL		STREET ADDRESS	TALLAHASSEE, FL. 32312	
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		
NAME	PARKS, CANDY		NAME		
STREET ADDRESS	P O BOX 723		STREET ADDRESS		
CITY-ST-ZIP	ALBANY, GA 37702		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	BERGQUIST, GILBERT		NAME		
STREET ADDRESS	5145 PIMLICO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> 			4-26-06 850 893 8205		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		